

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="text-align: center;">09782471</div>	FILING DATE <div style="text-align: center;">02-20-01</div>			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	✓						51				
2		✓					52				
3		✓					53				
4		✓					54				
5		✓					55				
6		✓					56				
7		✓					57				
8		✓					58				
9		✓					59				
10		✓					60				
11		✓					61				
12		✓					62				
13		✓					63				
14		✓					64				
15		✓					65				
16		✓					66				
17		✓					67				
18	✓						68				
19	✓						69				
20		✓					70				
21		✓					71				
22		✓					72				
23		✓					73				
24		✓					74				
25		✓					75				
26		✓					76				
27		✓					77				
28		✓					78				
29		✓					79				
30		✓					80				
31		✓					81				
32		✓					82				
33		✓					83				
34		✓					84				
35		✓					85				
36		✓					86				
37		✓					87				
38		✓					88				
39	✓						89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3						TOTAL IND.				
TOTAL DEP.	36						TOTAL DEP.				
TOTAL CLAIMS	39						TOTAL CLAIMS				